

Facsimile Transmission Form

To:

RECEIVED
CENTRAL FAX CENTER

MAR 11 2005

From:

Message: fax

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/788,582	RECEIVED
Confirmation No.	6839	CENTRAL FAX CENTER
Filing Date	February 27, 2004	MAR 1 1 2005
First Named Inventor	Matthew A. Huras	
Art Unit	2171	
Title: System, Method and Program for Assessing the Activity Level of a Database Management System		

Please change the Correspondence Address for the above-identified application to:

Customer Number 23,373 →

Type Customer Number here

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

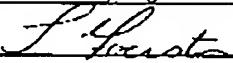
I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed

Name: Ingrid Foerster, Reg. No.: 36,511

Signature



Date

3/10/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 3 forms are submitted.

Attorney Docket No: CA920030J05US1